SOUTH CAROLINA LOCAL GOVERNMENT INVESTMENT POOL FUNDS DEPOSIT / WITHDRAWAL REQUEST FORM

OCAL GOVERNMENT UNIT:			
UNDS DEPOSITED INTO LGIP:			
Check:	Wire:	Int	ernal Transfer:
Deposit Amount:			
		_	
Credit to Account Numb	ver		Transaction Date
Wired From (Bank Name):			
Account Number:			
FUNDS WITHDRAWN FROM LGIP:			
Check:	Wire:	Int	ernal Transfer:
Withdrawal Amount:			
Debit from Account Num	lber	_	Transaction Date
Wired To (Bank Name):			
ABA Number:			
Account Number:			
Special Instructions:			
AUTHORIZED BY:			
AUTHORIED D.,			
	Signature		Title
(Plea	ase Print Name)		Date
	nternal transfers will be treated as deposits and		
	ASE DO NOT WRITE BELOW T	HIS LINE	
Debit Acct:			
Credit Acct:		TRANSACTION CO	
Trans Code:	1) DEP WIRE	5) W/D WIRE	9) (OPERATING)
	2) DEP CHECK	6) W/D CHECK	
Debit Acct:	3) DEP TRANSFER	7) W/D TRANS	
Credit Acct:	4) DEP INT TRANS	8) W/D INT TRANS	
Trans Code:	_		
	rnment Investment Pool, SC State		

Phone: (803) 734-2661 Fax: (803) 734-2234 or (803) 734-2697